

**U.S. Department of Health and Human Services (HHS)**  
**Medical Travel Center**  
**Documentation Of Medical Necessity**

**Please Fax Completed form to 972-352-6634**  
**If you have questions, please call 1-866-753-9344**

<p>Date: _____</p> <p>Patient's Name _____</p> <p>Patient's SS # _____</p> <p>Patient's DOB _____</p>	<p>Facility From: _____</p> <p>Facility To: _____</p> <p>FEMA # _____</p> <p>Sending Discharge Planner _____</p> <p>Phone #: _____</p> <p>Receiving Discharge Planner _____</p> <p>Phone # _____</p>
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**Mode transport recommended by Discharge Planner or Social Worker**

**Ground Ambulance Transport** \_\_\_\_\_ **Commercial Plane Travel with Medical Escort** \_\_\_\_\_  
**Fixed Wing Ambulance Transport** \_\_\_\_\_

**Medical Necessity Criteria**  
(Please document all conditions that apply)

<p>___ Requires Continuous Oxygen Therapy</p> <p>___ Exhibits Altered Mental Status</p> <p>___ Requires Restraints</p> <p>___ <b>Physical</b> ___ <b>Chemical/Sedation</b></p> <p>___ Patient is Comatose, Requires Monitoring</p> <p>___ Patient is Seizure Prone, requires Monitoring</p> <p>___ Unrepaired or Recent Fracture/Joint Replacement Must Remain Immobile</p> <p>___ Patient has Severe Contractures</p> <p>___ Decubitus Ulcers, Requires Wound Precautions</p> <p>___ <b>Stage:</b> ___ <b>Location:</b> _____</p> <p>___ Requires Isolation Precautions</p> <p>___ <b>Type:</b> _____</p> <p>___ Requires Mechanical Ventilation</p> <p>___ Requires Continuous IV Therapy</p> <p>___ Requires Continuous Cardiac Monitoring</p> <p>___ Requires Other Advanced Treatment</p> <p>___ <b>Specify:</b> _____</p>	<p>___ Bed Confined</p> <p style="margin-left: 20px;">___ Unable to walk</p> <p style="margin-left: 20px;">___ Unable to sit in a chair or wheelchair</p> <p style="margin-left: 20px;">___ Unable to get out of bed w/o assistance</p> <p style="text-align: center;"><b>(All 3 conditions must apply both prior to and after transport to qualify as "Bed Confined".)</b></p> <p>___ Facility to Facility Transport <b>(Specify exactly what service was not available)</b></p> <p style="margin-left: 20px;">___ Surgeon not available.</p> <p style="margin-left: 20px;">___ <b>Type:</b> _____</p> <p style="margin-left: 20px;">___ Rehabilitation Services not available</p> <p style="margin-left: 20px;">___ CAT scan unavailable or not working</p> <p style="margin-left: 20px;">___ Radiation Therapy not available</p> <p style="margin-left: 20px;">___ <b>Other, Specify in Detail:</b></p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p>
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_